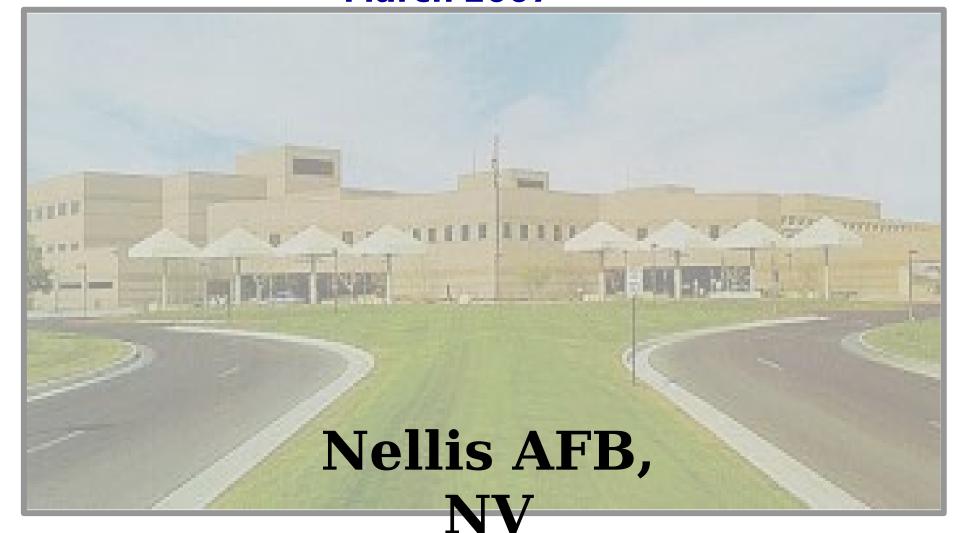


Federal Hospital (MOFH)



March 2007





Overview

- Joint Venture Background
- Populations Served

- Services
- Historical Workload
- Joint Venture Opportunities



MOFH Vision & Mission



Vision

Maximize our integrated world-class AF/VA system to provide coordinated full-service healthcare

<u>Mission</u>

Provide world-class preventionfocused, quality healthcare that delivers maximal readiness



Joint Venture Founding Charter



- Offer VA beneficiaries a local federal inpatient facility for the first time
- Replace outdated Nellis AFB hospital (1965)
- Improve the healthcare delivery system in the Las Vegas area for all eligible beneficiaries
- Promote greater sharing and optimize health resources between the Veterans Affairs (VA) and the Department of Defense (DoD)



Joint Venture Concept of Operations



- Operate under both integrated and colocated concept
- Major support services in facility (e.g., lab, x-ray, ICU, pharmacy, and surgery) are integrated and staffed by AF and VA
- AF/VA negotiate services from each other based on a reasonable reimbursement schedule developed locally by the AF and VA



Joint Venture History



- July 1991 Ground breaking for new facility
- Construction cost \$84M; 89% AF / 11% VA
- Medical equipment cost \$27M; 93% AF / 7% VA
- July 1994 Ribbon-cutting ceremony
 - Dedicated as the Mike O'Callaghan Federal Hospital on 13 November 1996
- First funded, planned, operational joint venture



Organizational Considerations



- Fundamental differences between AF and VA
 - Missions
 - Medical priorities
 - Patient populations
 - Policies
 - Organizational channels and controls



Accomplishments

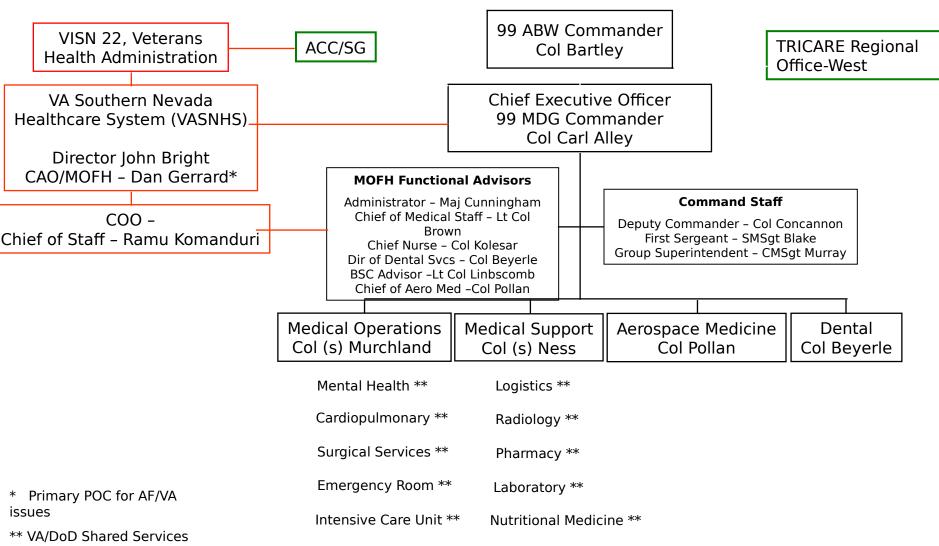


- Groundbreaking for the VA Hospital 20 Oct 06
- JCAHO Accreditation/HSI inspection
- Developed Joint FY07-08 Strategic Plan
- Family Practice/CRNA/tech training approved
- Construction plan for GME/increase in services
- New "Subspecialty Services" opened
 - Pulmonology, Cardiology, Gastroenterology
- Exceeded Business Plan in FY06
- 3rd Largest AF Enrolled Population
- Joint DoD/VA virtual library
- Joint Institutional Research Review Board



MOFH Organization







Governance



- Joint Credentialing
- Joint Medical Staff Bylaws
- Single Chief Executive Officer
- Executive and Medical Councils alternately chaired by AF and VA



Joint Strategic Planning Council



 CHARGE: To facilitate a smooth transition from the Mike O'Callaghan Federal Hospital to an integrated, coordinated, and co-located federal healthcare system in Las Vegas.

GOALS:

- Provide opportunities for direct sharing & collaboration in the coordination of healthcare resources
- Evaluate and establish agreed upon criteria and the development of the activation plan
- Maximize staffing efficiencies
- Reduce unnecessary duplication of services and/or support functions



Joint Strategic **Planning Council**



- CO-CHAIR
- CHAIR VASNHS Associate Director Air Force Administrator (SGA)
- **MEMBERS**
- VA Associate Chief of Staff/Inpatient Services
- Air Force Chief of Staff (SGH)
- VA Nurse Executive
- Air Force Nurse Executive (SGN)
- MDSS Squadron Commander (SGS)
- Project Coordinator (VA)
- SUPPORT STAFF
 - VA Admin Officer Associate Director
 - VA MOFH Chief Administrative Officer



Joint Strategic Planning Council



RESOURCE

MANAGEMENT

COMMITTEE

INFORMATION
TECHNOLOGY
COMMITTEE

JOINT STRATEGIC PLANNING COUNCIL

ACTIVATION -INTITAL OUTFIT COMMITTIEE





Joint Strategic Planning Council



RESOURCE MANAGEMENT COMMITTEE

- CHAIR: VA Chief Fiscal Officer
 - CO-CHAIR: MDSS Squadron Commander
- FUNCTIONAL ELEMENTS:
 - Finance/budget planning
 - Staffing
 - Human resources
 - Data validation

ACTIVATION-INITIAL OUTFIT COMMITTEE

- CHAIR: VA Project Coordinator
- CO-CHAIR: Logistics Flight Commander
- FUNCTIONAL ELEMENTS:
 - Furniture
 - Equipment
 - Space planning
 - Environment of care
 - Physical plant
 - Procurement/logistics

INFORMATION TECHNOLOGY COMMITTEE

- CHAIR: VA Information Resources Management Chief
- CO-CHAIR: Information Systems Flight Commander
- FUNCTIONAL ELEMENTS:
 - It equipment
 - It systems planning
 - Telecommunications
 - Information security

POPULATION HEALTH COMMITTEE

- CHAIR: VA ACOS for Inpatient Services
- CO-CHAIR: AF Chief of Hospital Services
- FUNCTIONAL ELEMENTS:
 - Demand analysis (medical program planning)
 - Utilization management
 - Medical operations
 - Medical support
 - Performance measures
 - Workload/productivity
 - Credentialing
 - By-laws
 - Accreditation/certifications



Strategic Working Group

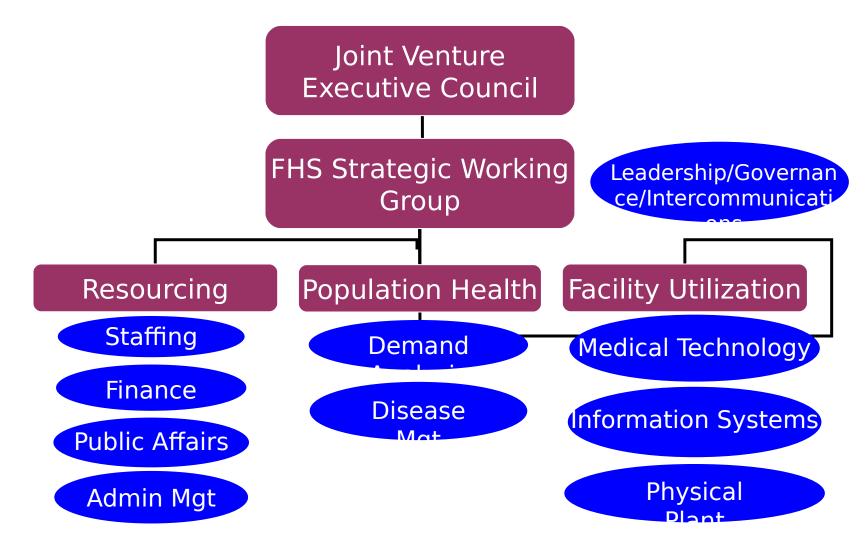


- Joint DoD/VA membership
- Decision making authority
- Strategic focus
- System approach



Strategic Working Group





DoD/VA Integration

Maximize space, reduce overhead be be good stewards of taxpayers dollars

Population Health/Demand management



Quality-Cost, Value and Safe Environment



TRICARE Enrollees

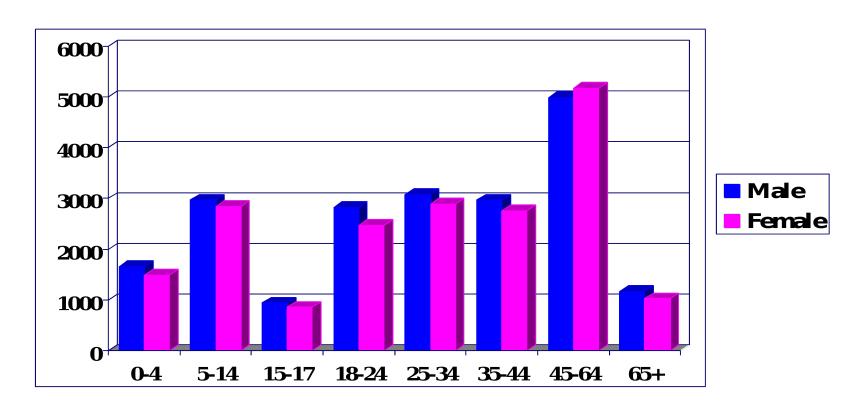
By Gender/Age

As of Jan 07



Total Eligible 73,157

Enrolled 41,650



Medicare Eligibles:

16 006

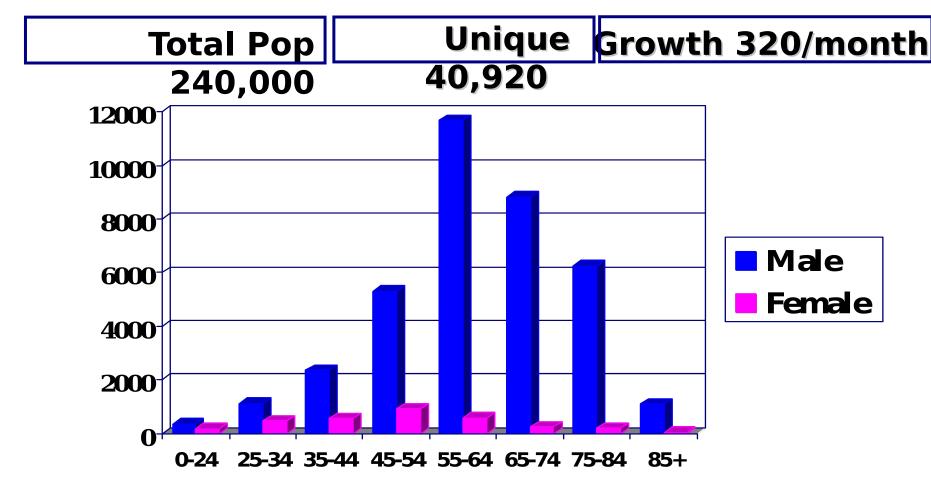


VA Beneficiaries

By Gender/Age

Fiscal Year 2006





Source: Business & Health

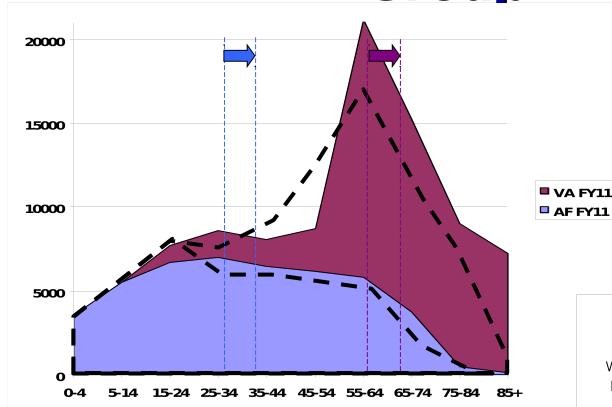
Administration



Total VA and AF Enrollees by Age



Group



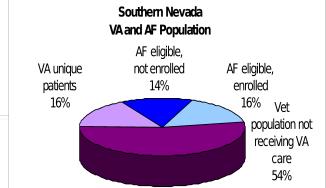
AF Mean Age FY05 - 33 Years

FY11 - 36 Years



VA Mean Age FY05 - 63 Years FY11 - 65 Years





Total FY05: 80,420

Total FY11: 94,000 (Projected)



MOFH Services Joint Staffed



- Anesthesia
- Blood Bank
- Cardiology*
- Credentialing
- CT Scan*
- ER Services*
- Laboratory
- Logistics
- Medical Equipment Repair
- MOFH Security*
- MRI*

- Nutrition/Food Services
- **OR**
- Orthopedics
- PACU
- Pastoral Care
- Pharmacy-Inpatient
- Pulmonary*
- Radiology
- Respiratory Therapy*
- Surgery
- ICU
- Nuclear Medicine*
- **VA**
- Psychiatry (Inpatient)*
- · calaneo
- Vascular*



MOFH Workload



	<u>FY03</u>	FY04	FY05	FY06
DoD Beneficiaries	70,251	72,190	73,092	73,157
AF "Prime" Enrollment	35,309	38,423	39,931	41,121
VA "Unique" Beneficiaries	37,461	38,807	40,460	40,920
Monthly AF Outpatient Visits	17,253	18,364	18,814	18,648
Monthly AF ER Registrations	1,972	1,996	1,930	1,902
AF Avg Daily In-Patient Load	9.4	10.4	10.7	11.5
VA Avg Daily In-Patient Load	35.5	41.6	41.6	40.8
AF/VA Avg Daily In-Pt Admits	10.1	11.2	11.6	12.0

Source: CHCS & VA Reports



MOFH Workload



<u>FY03</u>	FY 04	FY 05	FY C	06_		
Avg RXs Filled/D 2,863	Day	2,	459	2,550	2,77	1
Avg Rad Wtd Pr 4,793	oc/Month	4,5	12	4,788	4,923	
Avg Meals Serve 17,970	ed/Day	15,7	80	16,101	17,256	
Avg Lab Wtd Pro 31,746	oc/Month	28,89	92	29,	164 2	29,557
Avg AF Dent Vis 2,739	its/Month	2,	479	2,801	2,84	13
Avg Surgeries/M 326	lonth	,	258	282	38	7
Avg Deliveries/N 56	Month		47	53	52	2



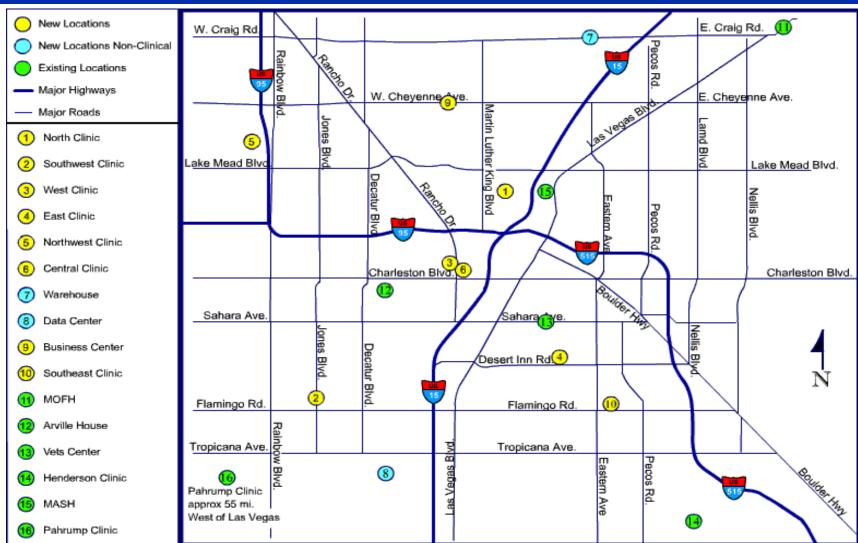
MOFH Bed Capacity



Beds	VA	AF	New Beds	Cum Total
Med/Surg ICU OB Psych	34 6 0 14	28 2 14 0	0 0 0 0	62 8 14 14
Current Total	54	44		98
Step Down ICU			6	6
Projected				104



Map of VASNHS Facilities





Campus Concept



- Dual Facility Federal Healthcare System
- Facilities within 5 miles of each other
- Air Force benefit from Business, Readiness, and Wartime Skills
- VA benefit from technology, integrated staff and reduction of overhead





Joint Venture Opportunities



- Continued Joint Procurement (Equipment Lease/Purchase, Facility Projects, Supplies)
- Expand Joint Venture Sharing;
 Gastroenterology, Cardiac, Oncology,
 Pulmonology, Cataract Surgery, Radiology,
 Gambling Addiction, Family Practice and
 potential use of CBOC
- Expanded TRICARE Sharing for VA
- Evaluate/Plan for potential of expansion of services through activation of new VA Medical Center



Issues - Current and Upcoming



- Current top issues concerning the MTF in FY07:
 - Exceed max enrollment capacity due to deployments
 - Large Q1 deployment reduced available providers 10%
 - Enhancing sub-specialties Gastro/Cardio/Urology
 - Addition of CRNA and Family Medicine Residencies
- Top issues within the next five years:
 - Transitioning to a dual facility federal healthcare system
 - Beneficiary population expected to increase 17%
 - Designation as a Constant Deployer Model (CDM) facility will increase frequency of large deployments
 - Addition of sub-specialties Nephrology, Hematology, Infectious Disease
 - Continued GSU support to Creech AFB, increased GME, gaining 5 BRAC missions



Joint Venture Summation



- Relationship is Win-Win
- Success of relationship is driven by Great People
- Important Issues/Projects
 - AF/VA Growth
 - Access to the Hospital
 - ER Tower Project
 - VA Hospital
 - Joint Primary Care Clinic
 - In-house Graduate Medical Education



Summary



- Continue success through integrated, coordinated, and co-located federal healthcare system
- Tenets of current and future planning:
 - Meet growing demand
 - Maximize capacity to improve access
 - Minimize overhead
 - Recapture federal healthcare dollars

"Every market has a different solution," Dr Jones

